

502-429-3300  
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**KENTUCKY BOARD OF NURSING**  
312 Whittington Parkway, Suite 300  
Louisville, Kentucky 40222-5172  
kbn.ky.gov

Steven L. Beshear  
Governor

**Request to "Opt-Out" of the Clinical Internship**

**Section 1: Individual Information** (please print clearly)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Section 2: "Opt-Out" Requirement**

☐ I have been unable to find a facility/employer that was willing to allow me to complete the clinical internship

Facility Name and address: \_\_\_\_\_

Facility Name and address: \_\_\_\_\_

Facility Name and address: \_\_\_\_\_

**Section 3: Attestation**

I \_\_\_\_\_, hereby certify that I am the individual named above in Section 1 as the subject of the application for licensure and have been unable to complete a clinical internship. I hereby authorize the Kentucky Board of Nursing to immediately void a provisional license if issued to me. I understand that I cannot begin employment as a Registered Nurse Applicant/Licensed Practical Nurse Applicant until I am issued a new provisional license. I further understand that this decision is final, and once made, cannot be reversed.

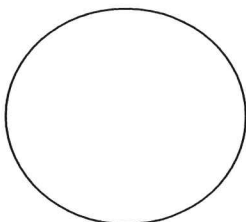
**Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

Completed requests should be mailed to: **Kentucky Board of Nursing**  
**Attn: Rachel Williamson**  
**312 Whittington Parkway, Suite 300**  
**Louisville, KY 40222**

The Commonwealth of Kentucky  
County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, appeared \_\_\_\_\_ know to me or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (s)he executed the same for the purpose and consideration therein contained.

In witness hereof, I hereunto set my hand and official seal.



\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Printed Name)

My Commission expires on: \_\_\_\_\_